

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET FOR USE WITH FORM PTO-8731						SERIAL NO 18753393	FILED DATE 6/22/05					
						APPLICANT'S CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			4		4							
TOTAL DEP.			14		22							
TOTAL CLAIMS			18		26							

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